

# PART B - FEE(S) TRANSMITTAL

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7590

07/23/2003

Jennifer K. Johnson, J.D.  
 ZymoGenetics, Inc.  
 1201 Eastlake Avenue East  
 Seattle, WA 98102



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Kim M. Goplen	(Depositor's name)
<i>Kim M. Goplen</i>	(Signature)
October 17, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/997,610	11/29/2001	Brian A. Fox	00-96	7389

TITLE OF INVENTION: ADIPOCYTE COMPLEMENT RELATED PROTEIN ZACRP13

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$300	\$950	10/23/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
SNEDDEN, SHERIDAN	1653	530-350000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Brian J. Walsh

2. \_\_\_\_\_

3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ZymoGenetics, Inc.

Seattle, Washington

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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(Authorized Signature)

(Date)

*Brian J. Walsh*

10/17/03

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01 FC:2501	665.00 DA
02 FC:1504	300.00 DA
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